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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: August 18, 2006

TIME: _____

TO: Commissioner For Patents	FAX NO.:	571-273-8300
FROM: Christopher A. Rothe, Reg. No. 54,650	ADMIN. ASST.:	Kathleen Spina
Patent NO.: 6,861,211	ATTY. DOCKET NO.:	RCHP-107US1
TITLE: STABILIZATION OF IMPLANTABLE BIOPROSTHETIC DEVICES		
Issue DATE: March 1, 2005	ART UNIT:	1651
FIRST INVENTOR: Robert J. Levy	CONF. NO.:	7085
TITLE OF DOCUMENT (and List of Attachments): Power of Attorney and Correspondence Address Indication Form, Fee Indication Form		
Transmittal Sheet, Executed POA and Address Indication Form with an Executed Statement Under 37 CFR 1.73(b), Fee Indication Form		

Total Number of Pages: 5 (including this form)**COMMENTS****PLEASE NOTE OUR NEW ATTORNEY DOCKET NUMBER: RCHP-107US1****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (09-04) (AW 10/2004)

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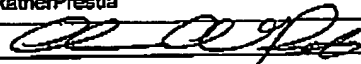
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	6,861,211
	Issue Date	March 1, 2005
	First Named Inventor	Robert J. Levy
	Art Unit	1651
	Examiner Name	SAUCIER, SANDRA E
Total Number of Pages in This Submission 5	Attorney Docket No.	RCHP-107US1

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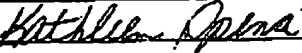
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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; EXECUTED POA AND CORRESPONDENCE ADDRESS INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73(b), FEE INDICATION FORM.
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	August 18, 2006	Registration No.	54,650

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I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			Date
Typed or Printed Name	Kathleen Spina	Date	August 18, 2006

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POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	6,861,211
	Issue Date	March 1, 2005
	First Named Inventor	Robert J. Levy
	Title	STABILIZATION OF IMPLANTABLE BIOPROSTHETIC DEVICES
	Art Unit	1651
	Examiner Name	SAUCIER, SANDRA E.
	Attorney Docket Number	RCHP-107US1

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I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Joseph J. DiDonato

Telephone

215-590-4660

Title and Company

JD Director, The Children's Hospital of Philadelphia

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: The Children's Hospital of PhiladelphiaApplication No./Patent No.: 6,861,211 Filed/Issue Date: March 1, 2005Entitled: STABILIZATION OF IMPLANTABLE BIOPROSTHETIC DEVICESThe Children's Hospital of Philadelphia
(Name of Assignee), a Not-for-Profit Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; OR
 2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010983, Frame 0063, or for which a copy thereof is attached.

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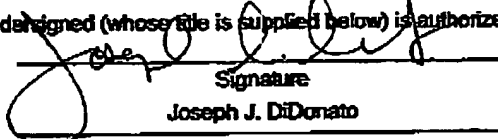
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 36 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


 Signature
 Joseph J. DiDonato
 Printed or Typed Name
 JD, Director
 Title

8/15/06
 Date
 Telephone Number
215-590-4880

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